

0499804  
# 0384661

18MM8092

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3 Request for Warrant 2 N.T.A 4 Request for Capias		1 Juvenile N					
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-036266							
Charge Type Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) 4787 N Congress Ave Ocean Message		Location of Offense (Business Name, Address) 4787 N Congress Ave Ocean Message									
Date of Arrest 07/13/2018	Time of Arrest 1415	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Zhang, Xiaolin											
Aliases (Name, DOB, Soc Sec #, Etc)											
W - White B - Black	I - American Indian O - Oriental / Asian	Race B	Sex F	Date of Birth 07/24/1964	Height 502	Weight 160	Eye Color bro	Hair Color black	Complexion light	Build med	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Mental Status single	Religion n/a	Indication of Alcohol Influence Drug Influence			Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt Number) 4787 N Congress Ave		(City) Boynton Beach	(State) FL	(Zip) 33426	Phone ( ) -		Residence Type 1. City 3 Florida 2. County 4. Out of State			1	
Permanent Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone ( ) -		Address Source Verbal				
Business Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone ( ) -		Occupation				
DA Number, State SRC		USA Emp Auth Card		Soc. Sec Number	INS Number		Place of Birth China, Peoples Rep		Citizenship China		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor						
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor						
<input type="checkbox"/> Parent Name (Last) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		(First) (Middle)				Residence Phone					
Address (Street, Apt Number)		(City)	(State)	(Zip)	Business Phone						
Notified by (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2 TOT HRS/DYS 3. Incarcerated							
Released To (Name)		Relationship		Date	Time						
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade							
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
Drug Activity N N/A P Possess		S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Dispense/ Distribute	M Manufacture/ Produce/ Cultivate	Z Other	Drug Type N N/A A Amphetamine	B Barbiturate C Cocaine E Heroin	H Hallucinogen M Marijuana O Opium/Derv	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
Charge Description Offer to Commit Prostitution		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 796.07.2E 4 A 1 (PS)		Violation of ORD#					
Drug Activity N		Drug Type N	Amount/Unit	Offense # 18-036266	Warrant/Capias Number		Bond				
Charge Description Practicing Massage Therapy W/O License		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 480.047 13 8255		Violation of ORD#					
Drug Activity N		Drug Type N	Amount/Unit	Offense # 18-036266	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Instruction No 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444		Court Date and Time Month August Day 23rd Year 2018 Time 0830		A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>					
Instruction No 2 You need not appear in Court but must Comply with instruction on reverse side		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed							
HOLD for other Agency Name		Name Verification (Printed by Arrestee) (PRINT)		BU#111536		Page 1 OF 1					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Re-arrested Arrest		Transporting Officer 3015 Jeanni ton		Agency 871 ABPD		Witness here is subject Signed with an "X"					

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OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile N	
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-18-036266</b>							
Charge Type Check all that Apply		<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes			
Name (Last, First, Middle) <b>Zhang, Xiaolin</b>						Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>07/24/1964</b>	
Charge Description <b>Offer to Commit Prostitution</b>						Charge Description <b>Practicing Massage Therapy W/O License</b>					
Victim's Name (Last, First, Middle) <b>SOF</b>						Race		Sex		Date of Birth	
Local Address (Street, Apt Number) _____ (City) _____ (State) _____ (Zip) _____						Phone _____		Address Source <b>Verbal</b>			
Business Address (Name Street) _____ (City) _____ (State) _____ (Zip) _____						Phone _____		Occupation _____			
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law: The Person taken into custody:											
<input checked="" type="checkbox"/> Committed the below acts in my presence <input type="checkbox"/> Confessed to											
<input type="checkbox"/> Was observed by _____ Who told _____ That he/she saw the arrested person commit the below acts <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation											
On The <b>13</b> Day Of <b>July</b> 20 <b>18</b> At <b>1415</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.											

On July 13th, 2018 members of the Community Response Team (C.R.T) conducted an undercover operation at the Ocean Message business located at 4787 N Congress Ave. CRT was contacted by the Florida Department of Health after they received numerous complaints in reference to prostitution. According to the complaints, there were several female message therapists working without licenses and also soliciting men for sexual acts after the message (handjobs, blowjobs, etc.).

Upon starting the operation I, Officer [REDACTED] who was working in an undercover capacity walked into Ocean Message and was immediately greeted by Xiaolin Zhang (DOB 7/24/64). I told Zhang that this was my first time here and that I was interested in a message. After going over the prices, I used the investigative funds that were provided to me by Sgt [REDACTED] and purchased a 30 minute message for \$40. Zhang lead me to room number two and advised me to lay face down on the message table. At that time I made contact with Office [REDACTED] who was listening to my conversation via live audio. During the message, I could hear another female later identified as Liu Chi (DOB 04/28/83) and an unknown male in the room next to mine.

Upon the message coming to an end, Zhang asked me if I wanted her to make me happy while pointing to my groin area. Upon telling her I didn't understand, she stated \$40 dollars to make you happy, while making a hand gesture as if she was giving a "handjob". I responded by saying, "Are you saying its \$40 dollars for a handjob", in which she stated yes. I then told her that I was working and would have come back later. Zhang stated that was fine and that her or "Lisa" would be working later and would be able to make me happy.

After walking out of the business, I made contact with Sgt [REDACTED] who was standing by with other members of CRT. At that time, CRT walked into Ocean Message and made contact with Zhang. Upon completing our investigation it was found that in addition to soliciting for sex, Zhang did not have a license to practice message therapy.

Based on the aforementioned, I find that there is probable cause to charge Xiaolin Zhang with Practicing Massage Therapy Without License according to FSS: 480.047 and Offer to Commit Prostitution according to FSS: 796.07. **2E 4A1**

The foregoing instrument was sworn to or affirmed and subscribed before me

  
 Notary Public, Clerk of Court, Officer (F S S 117 10)

**07/13/2018**  
 Date

  
 (Signature of Arresting / Investigative Officer)

  
 (Print name of Arresting/Investigative Officer)

**07/13/2018**

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**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
<b>L/E Exemptions</b>	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	1,2,3
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
<b>Public Info. Exemptions</b>	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<input type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2018023395

**Date:** 07/14/2018

**Specialist Name/ID:** howardt/7185

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